

Home and Well Survey

Resident's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email address: _____

Owner Information (If Different): _____

Number Of Household Residents/Age Groups:

Infants (Under Age 1) _____ Toddlers (Age 1-6) _____

Children (Age 7-12) _____ Adolescents (Age 13-18) _____

Adults (Age 18-65) _____ Seniors (Age 66+) _____

Do you have a water treatment system? If so, please identify the components of the system (if any): _____

Well Information:

Type: Dug ☐ Drilled ☐ Well Depth: _____ Well Age: _____

Driller log of the well installation (these are the detailed notes that the driller takes during the installation): _____

Name of Driller/Service Company (If Known): _____

Total Depth of Well: _____

Depth of surface casing: _____ Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen: _____

Depth of pump in relation to total depth of the well: _____

Well Repairs or Re-drilling in past 15 years: _____

Have you had your well tested in the past? _____

If so, and you would be willing to share your results with the EPA, what results have been in your well water historically? _____

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Recent or past changes in water quality (taste, odor, appearance): _____

Do you currently use your well water for drinking? Yes ☐ No ☐

Cooking? Yes ☐ No ☐

Bathing? Yes ☐ No ☐

Other household uses? _____

If you do not use your well water, what water source do you use? _____

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☐

Other uses? Yes ☐ No ☐ When did this occur? _____

If so, who provides/provided the alternate water? _____

Is there an agreement with the provider? _____

What event/condition prompted the use of alternate water? _____

When did this occur? _____

Lease with any gas company: Yes ☐ No ☐

If so, what is the status of lease: _____

Is there any additional information you would like to provide to us: _____
